MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 580 010
FILING DATE 5·/9·06
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
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21							71						
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33							83						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	⇩		⇩		⇩	TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.	17	⇦		⇦		⇦	TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS	18						TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)